

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>212524197</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>AMERICAN JAIL ASSOCIATION</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>AMERICAN CORRECTIONAL ASSOCIATION</b>  <b>206 N WASHINGTON ST STE 200</b>  <b>ALEXANDRIA, VA 22314</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>ALEXANDRIA CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>7/31/2012</b></p> <p>SCC ID NO: <b>02196343</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1135 PROFESSIONAL CT</p> <p style="margin-left: 40px;">CITY/ST/ZIP: HAGERSTOWN, MD 21740-5853</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT J KASABIAN  TITLE: EXEC DIRECTOR  ADDRESS: 1135 PROFESSIONAL COURT  CITY/ST/ZIP/CO: HAGERSTOWN, MD 21740-5853 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ROBERT J KASABIAN TITLE: EXEC DIRECTOR ADDRESS: 1135 PROFESSIONAL COURT CITY/ST/ZIP/CO: HAGERSTOWN, MD 21740-5853	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT J KASABIAN TITLE: EXEC DIRECTOR ADDRESS: 1135 PROFESSIONAL COURT CITY/ST/ZIP/CO: HAGERSTOWN, MD 21740-5853	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ESTEBAN GONZALEZ  TITLE: PRES ELECT  ADDRESS: ONONDAGA COUNTY SHERIFFS OFC  555 S STATE ST  CITY/ST/ZIP/CO: SYRACUSE, NY 13202 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ESTEBAN GONZALEZ TITLE: PRES ELECT ADDRESS: ONONDAGA COUNTY SHERIFFS OFC 555 S STATE ST CITY/ST/ZIP/CO: SYRACUSE, NY 13202	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: ESTEBAN GONZALEZ TITLE: PRES ELECT ADDRESS: ONONDAGA COUNTY SHERIFFS OFC 555 S STATE ST CITY/ST/ZIP/CO: SYRACUSE, NY 13202	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: FRANK HECHT  TITLE: IMM PAST PRES  ADDRESS: TOHONO OODHAM NATION CORRS  P O BOX 189  CITY/ST/ZIP/CO: SELLS, AZ 85634 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: FRANK HECHT TITLE: IMM PAST PRES ADDRESS: TOHONO OODHAM NATION CORRS P O BOX 189 CITY/ST/ZIP/CO: SELLS, AZ 85634	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: FRANK HECHT TITLE: IMM PAST PRES ADDRESS: TOHONO OODHAM NATION CORRS P O BOX 189 CITY/ST/ZIP/CO: SELLS, AZ 85634	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KIM SPADARO  TITLE: PRESIDENT  ADDRESS: BROWARD SHERIFFS OFC  555 SE 1ST AVE  CITY/ST/ZIP/CO: FT LAUDERDALE, FL 33301 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KIM SPADARO TITLE: PRESIDENT ADDRESS: BROWARD SHERIFFS OFC 555 SE 1ST AVE CITY/ST/ZIP/CO: FT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: KIM SPADARO TITLE: PRESIDENT ADDRESS: BROWARD SHERIFFS OFC 555 SE 1ST AVE CITY/ST/ZIP/CO: FT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMIE CLAYTON  TITLE: VICE PRESIDENT  ADDRESS: IMPERIAL COUNTY SHERIFF  328 APPLESTILL RD  CITY/ST/ZIP/CO: EL CENTRO, CA 92244 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JAMIE CLAYTON TITLE: VICE PRESIDENT ADDRESS: IMPERIAL COUNTY SHERIFF 328 APPLESTILL RD CITY/ST/ZIP/CO: EL CENTRO, CA 92244	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: JAMIE CLAYTON TITLE: VICE PRESIDENT ADDRESS: IMPERIAL COUNTY SHERIFF 328 APPLESTILL RD CITY/ST/ZIP/CO: EL CENTRO, CA 92244	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WAYNE DICKY  TITLE: VICE PRESIDENT  ADDRESS: BRAZOS COUNTY SHERIFFS OFC  1835 SANDY POINT RD  CITY/ST/ZIP/CO: BRYAN, TX 77807 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WAYNE DICKY TITLE: VICE PRESIDENT ADDRESS: BRAZOS COUNTY SHERIFFS OFC 1835 SANDY POINT RD CITY/ST/ZIP/CO: BRYAN, TX 77807	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: WAYNE DICKY TITLE: VICE PRESIDENT ADDRESS: BRAZOS COUNTY SHERIFFS OFC 1835 SANDY POINT RD CITY/ST/ZIP/CO: BRYAN, TX 77807	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MITCH LUCAS VICE PRESIDENT SHERIFF AL CANNON DET 3841 LEEDS AVE N CHARLESTON, SC 29405-7482	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN DANIELS TREASURER OREGON YOUTH AUTHORITY 530 CENTER ST NE STE 200 SALEM, OR 97301-3765	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL A SISNEROS SECRETARY BERNALILLO CO METRO DET CTR 100 DEPUTY DEAN MIERA DR SW ALBUQUERQUE, NM 87151	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ROBERT J KASABIAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT J KASABIAN, EXEC DIRECTOR PRINTED NAME AND CORPORATE TITLE	6/27/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			